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<b>FAX TRANSMISSION</b>	
<b>DATE:</b>	
<b>PTO IDENTIFIER:</b>	Application Number 09/503,852-Conf. #5439 Patent Number
<b>Inventor:</b> Jonathan L. Tilly et al.	
<b>MESSAGE TO:</b> US Patent and Trademark Office	
<b>FAX NUMBER:</b> (571) 273-8300	
<b>FROM:</b> EDWARDS ANGELL PALMER & DODGE LLP Marina Heusch	
<b>PHONE:</b> (203) 975-7505	
<b>Attorney Dkt. #:</b> 64982(51588)	
<b>PAGES (including Cover Sheet):</b> 6	
<b>CONTENTS:</b>	Transmittal (1 page) Power of Attorney, Revocation Change of Correspondence Address Power of Attorney and Correspondence Address Indication Form Statement Under 37 CFR 3.73(b) Certificate of Transmission (1 page)
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PTO/SB/97 (09-04)

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Application No. (if known): 09/503,852

Attorney Docket No.: 64982(51588)

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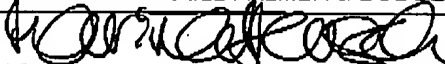
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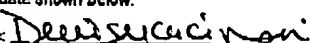
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/503,852-Conf. #5439
	Filing Date	February 15, 2000
	First Named Inventor	Jonathan L. Tilly
	Art Unit	1618
	Examiner Name	James Spear
Total Number of Pages in This Submission	Attorney Docket Number	64982(51588)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Power of Attorney and Correspondence Address Indication Form Statement Under 37 CFR 3.73(b)
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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/503,852-Conf. #5439
	Filing Date	February 15, 2000
	First Named Inventor	Jonathan L. Tilly
	Art Unit	1618
	Examiner Name	Gollamundi S. Kishore
	Attorney Docket Number	64982(51588)

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

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OR

☐ Firm or Individual Name

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City

Country

State

Zip

Telephone

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature 

Name Kins Betres

Date Nov. 7 2006


Telephone 617 726 8629

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 1 forms are submitted.

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Dated: NOV. 6, 2006

Signature:  (Denise Kacinski)

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**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: The General Hospital Corporation, Sloan Kettering Institute for Cancer Research

Application No./Patent

No./Control No.:

09/503,852

Filed/Issue Date:

February 15, 2000

Entitled: PROTECTION OF THE FEMALE REPRODUCTIVE SYSTEM FROM NATURAL AND ARTIFICIAL INSULTS

The General Hospital Corporation

(Name of Assignee)

Non-profit Corporation

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest; or  
2. ☒ an assignee of less than the entire right, title and interest.  
(The extent (by percentage) of its ownership interest is 50 %)

In the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel          Frame         , or a true copy of the original assignment is attached.

OR

- B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: Sloan-Kettering Institute for Cancer Research To: Jonathan L. Tilly  
The document was recorded in the United States Patent and Trademark Office at Reel 014473 , Frame 0515 , or for which a copy thereof is attached.  
2. From: Jonathan L. Tilly To: The General Hospital Corporation  
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3. From:          To:           
The document was recorded in the United States Patent and Trademark Office at Reel          , Frame          , or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

(NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

KBR  
Signature

Nov 7 2006  
Date

Kris Befors  
Printed or Typed Name

617 726 8629  
Telephone Number

Authorized Signer for Assignee  
Title License Manager

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Signature: Denis Kacheld (Denise Kacheld)

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<b>POWER OF ATTORNEY                  and                  CORRESPONDENCE ADDRESS                  INDICATION FORM</b>	Application Number		09/503,852-Conf. #5439	
	Filing Date		February 15, 2000	
	First Named Inventor		Jonathan L. Tilly	
	Title		PROTECTION OF THE FEMALE REPRODUCTIVE SYSTEM FROM	
	Art Unit		1618	
	Examiner Name		Gollamundi S. Kishore	
		Attorney Docket No.		64982(51588)

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 21874

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name: Amy Leahy  
EDWARDS ANGELL PALMER & DODGE LLP

Address: P.O. Box 55874

City	Boston	State	MA	Zip	02205
Country	US	Telephone	(203) 975-7505	Email	aleahy@eapdlaw.com

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Date
	Nov. 7 2006
Name	Telephone
K. B. Bates	617 726 8629
Title and Company	
Licensing Mgr. - The General Hospital Corp.	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Dated: <u>NOV. 15, 2006</u>	Signature: <u>Denis Kacelnik</u> (Denis Kacelnik)

211695

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